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ABSTRACT

Perhaps the most well known treatment modalities in the field of prevention and treatment of addiction are groups. Group settings serve to bring individuals with addictions together at one time in one place to work on relevant issues together. Groups may serve as a safe environment for learning new social and relationship skills, gaining information about a variety of addiction issues and coping strategies, and learning how to give and accept support. Groups may also provide options for persons struggling with addictive behaviors to find new friends and leave behind older, less supportive social environments. For clients with substance abuse problems, recovery is affected and correlates with success in interpersonal relationships and quality of social skills. Two common goals among most group approaches are the encouragement of taking personal responsibility for one's life and the creation of social environments that support personal empowerment. This paper reviews five major theoretical approaches that involve extensive use of group therapy. It introduces the therapeutic aspects of groups in relationship to empowerment, and presents the nature and history of current group therapy, as well as some of the research on the efficacy of groups in the addiction field. Professional and ethical considerations for the beginning counselor are also identified. Also included is a facilitator's manual which is a practical guide for teaching content through guided experiential projects. Five student activities are provided. (Contains 34 references.) (MKA)

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Change Through Group Work

Les McAllan, Amy Friedman, & Evans Spears

Introduction

In the field of prevention and treatment of addiction, perhaps the most well known treatment modalities have been groups. Group settings serve to bring individuals with addictions together at one time in one place to work on relevant issues together. Groups may serve as a safe environment for learning new social and relationship skills, gaining information about a variety of addiction issues and coping strategies, and learning how to give and accept support. Groups may also provide options for persons struggling with addictive behaviors to find new friends and leave behind older, less supportive social environments. For clients with substance abuse problems, recovery is affected and correlates with success in interpersonal relationships and quality of social skills. Two common goals among most group approaches are the encouragement of taking personal responsibility for one's life and the creation of social environments that support personal empowerment. The purpose of this chapter is to introduce the therapeutic aspects of groups in relationship to empowerment, the nature and history of current group therapy, and some of the research on the efficacy of groups in the addiction field.

Professional and ethical considerations for the beginning counselor also are identified.

Therapeutic Aspects of Groups

Most attempts at defining the concept of empowerment include a social component appropriate to group work. Chamberlin (1997) proposed several qualities of a life-long process identified as empowerment, all of which can be learned in group settings. The quality of not feeling alone as the result of being part of a group emphasizes the social nature of people and the recognition that empowerment does not necessarily occur in isolation. Bolton and Brookings (1996) described twenty facets of empowerment, including cooperating with others to problem solve, engaging in directed interaction with groups of individuals, and acknowledging of one's dependence on and responsibility for others. Both authors agreed that the concept or empowerment rarely is precisely defined in research or common use, but remains an essential goal of most psychotherapeutic interventions.

It is difficult to pinpoint cause and effect in mental health treatment and outcome, especially when it comes to the specific aspects of groups that are considered to have healing qualities. Yalom (1995) observed many groups over time and proposed the following seven therapeutic factors:

(1) instillation of hope,
(2) universality,
(3) imparting information,
(4) altruism,
(5) the corrective recapitulation of the primary family group,
(6) development of socializing techniques, and
(7) imitative behavior.

Although Yalom was writing about psychotherapeutic groups in general, all of these factors can be essential elements in facilitating empowerment and creating effective addiction treatment and prevention programs. Hope, universality, imparting of information, developing social skills, and the modeling of healthy behaviors are important in all types of group intervention and empowerment.

Nature and History of Addiction Treatment Groups

Psychotherapy groups can be classified as self-help, facilitated, facilitated peer, targeted, and psychotherapeutic. In the 1990's self-help groups became one of the most publicized methods of treatment. Yalom (1995) identified self-help groups as groups designed to support individuals with a psychological problem, physical illness, or socially stigmatizing problem that are led by individuals who have the same or similar

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issues, who are not necessarily trained professionals but rather members of the group. Groups of this type generally meet in churches or other spaces that are available for public use. Group members are generally not screened but are attracted to the groups by flyers or informal referrals from friends or sometimes professionals. The stated purpose of these groups is generally to provide support in overcoming or accepting the behaviors or situations encountered by the group members. These groups can be time limited or ongoing depending upon the nature of the group and the issues the group is addressing. Well-known groups of this type in the addiction field include 12-step programs such as Alcoholics Anonymous, Overeaters Anonymous, and Narcotics Anonymous. Other less familiar groups include Rational Recovery and Women for Sobriety.

Yalom (1995) reported that members of any type of self-help group find the interpersonal interactions within the group to be the most therapeutic and helpful. In a study of church and secular self-help group members, Yalom noted that,

> Members of all groups rated the following as highly important: "members giving you encouragement" (86%), "hearing other members share their views" (85%), "feeling they were no longer alone" (82%), "seeing love and caring in the group" (80%). (p. 482)

Most self-help groups do not have formal professional leaders and may take on a variety of forms.

Inaba, Cohen, and Holstein (1997) described facilitated groups as any group that is led by a therapist who is active in the process of the group. The therapist may propose topics, help analyze information and contribute to the overall growth process of the group. Yalom (1995) indicated that participant screening and preparation are two key elements of successful groups. Therapists must help establish appropriate group norms by addressing issues of confidentiality, shared leadership, and relationships outside of the group at or before the beginning of the group.

Educational groups are one type of facilitated group and are often a part of many addiction prevention and treatment programs. These groups are designed to educate group members about the nature of substances, addiction, and recovery. Educational group leaders may also teach specific skills for recovery and for supporting behavioral changes.

With facilitated peer groups, Inaba et al. (1997) noted that the role of the peer leader is less active. The peer facilitator's primary role is that of group member. The secondary role is resolving problems that arise during the group and facilitating movement forward as a group. Facilitated peer groups place responsibility on the group members and give the members control over group functions and direction. Some 12-step programs are examples of facilitated peer groups.

According to Inaba et al. (1997), all types of groups may also be targeted and/or topic-specific in nature. Examples of targeted groups could include 12-step groups for gays and lesbians or persons with disabilities, facilitated groups for persons with dual diagnosis, and recovery groups for professionals with addiction problems. Topic-specific groups may convene around Acquired Immune Deficiency Syndrome (AIDS), relapse prevention, or social skills development. Yalom (1995) reported that cohesiveness, a critical element in group therapy, might develop more quickly in topic-specific groups.

Psychotherapeutic groups may be part of an overall treatment plan in in-patient, residential and outpatient settings (Hodgins, El-Guebaly, & Addington, 1997). In-patient addiction treatment generally occurs in a hospital, clinic, or residential addiction treatment center that is most often closed or locked. Outpatient therapy is generally hospital or clinic based, but members reside in the community and report for group activities at regularly scheduled intervals. Both types of groups involve goal oriented and time limited therapy using a trained group leader who may or may not be a recovering addict. Washton (1995) described this type of group therapy as an adjunct to individual or family therapy that for the purposes of dealing with addiction is defined as:

> An assembly of chemically dependent patients, usually 5-10 in number, who meet regularly (usually at least once per week) under the guidance of a professional leader (usually a professional therapist or addiction counselor) for the purposes of promoting abstinence from mood altering chemicals and recovery from addiction....The group leader is simultaneously a participant, observer, and manager of the group's activities and assumes responsibility for a variety of 'executive' or management tasks. (p. 44)

Washton concluded that these tasks can include defining and maintaining group rules, screening and selection of group members, formulating treatment goals and guiding the group through the various stages of treatment.

Psychotherapeutic groups often are based on individual counseling theories. Most of the major theoretical approaches to individual counseling also include applications to group work and most have a central theme of acceptance of personal responsibility. A brief review of five major theoretical approaches that involve extensive

use of groups follows.

According to Corey (1990), Adlerian groups focus on helping members achieve specific goals. Key to Adlerian groups is the idea that the members are not the victims of their circumstances. Instead, members are encouraged to examine the choices they have made that have led to the current situation and identify new goals. Group members help individual members explore choices, identify goals, and assume personal responsibility for change. Group members teach other members better ways to achieve goals. Prinz (1993) applied Adlerian concepts to group therapy with persons who abuse substances. Central to the process is the instillation of a sense of belonging and the development of social interest. The social nature of the group challenges the isolated and drug-focused life of the individual addict. In relation to the Person-Centered counseling approach, Rogers (cited in Corey, 1990) proposed a therapeutic triad which included unconditional positive regard, empathic understanding, and genuineness. These three factors are considered to be essential elements for facilitating growth in individuals. A major component of Person-Centered group therapy is the opportunity for members to learn and practice ways of promoting these facilitative conditions within the group. As members become better able to create a therapeutic environment, the level of trust and positive regard within the group increases. Toward the end of his career, Rogers was very active in leading groups all over the world with the goal of supporting world peace.

Cognitive-behavioral groups can include a component of measurement and assessment to identify behaviors and develop interventions (Corey, 1990). Behavioral groups operate with more structure and specific techniques than many of the other groups, and a primary goal is the development of group support for sustaining new behaviors. Smokowski and Wodarski (1998) reviewed current strategies for treating cocaine dependency with specific cognitive-behavioral interventions. Their findings support the conclusion that group members learned to reinforce abstinence or confront active drug use behaviors. More experienced members are expected to model abstinence behaviors and provide social reinforcement. Group reward structures, extinction based on social cues, problem-solving activities, and the integration of a buddy system all may support movement toward recovery.

Reality group therapists often search for the internal forces that drive individual members. These forces include fulfilling both psychological and physiological needs, such as the needs for survival, belonging, fun, power and freedom. Corey (1990) noted that self-help is a primary goal of reality groups and members are encouraged to develop new coping strategies and problem solving skills.

Honeyman (1990) studied the degree of perceptual changes in a particular drug free therapeutic community receiving intensive group therapy and educational programming based on the principles of reality therapy. The goal of the therapeutic group environment was to promote changes in thinking, doing and feeling by increasing social responsiveness. The communal nature of the group was expected to minimize distortions of reality and support the use of straight talk, conflict resolution, and confrontation of defense mechanisms and unrealistic self-perceptions as primary interventions. Results of the study offered support for the use of reality therapy in improving self-perceptions that are related to positive treatment outcomes.

In recent years, psychodrama has developed as a legitimate group therapeutic approach based on the belief that, "...spontaneity and creativity are the central forces of human nature" (Corey, 1990, p. 223). Psychodrama proponents argue that members are fully responsible for their actions and that their actions create who they are as a person and who they will become. Group members are taught to support each other as constantly evolving human beings with physical, social, and emotional aspects.The psychological and physical acting out of distressing life situations are considered to be particularly therapeutic in leading to long-term behavioral change, but very little scientific research is available to document this claim.

The history of group work in the area of substance abuse is long and varied. Probably the most familiar and most common groups in the substance abuse recovery arena are the 12-step groups. The first 12-step group was Alcoholics Anonymous, established in the 1930's by Bill Wilson and Dr. Bob Smith (Inaba et al., 1997). The 12 steps are designed for persons with addictive patterns of behavior in breaking down denial and creating a more positive structure for addressing the addiction. Persons who abuse substances attend meetings and share stories about their addiction with abusers participating in the group. When the meetings are facilitated, they are usually facilitated by peers. Essential components of the 12-step process include recognition of a higher power or spiritual center and peer support for movement through the12 steps. In the last 30 years, group work with persons who abuse substances has seen many transformations. In the 1970's, "...the major formulations of social group work method showed a trend toward increased emphasis on evaluating goal accomplishment, a push towards specificity of identified and selected problems as well as specificity of assessment, plan and

procedures" (Goldberg & Simpson, 1995, p. 83). In the 1980's, marathon group work showed a re-emergence. With marathon groups, members participate in one group meeting that can last from eight hours to a full weekend. Page, Davis, Berkow, & O'Leary (1989) noted that marathon groups "can provide opportunities for drug addicts to engage in direct and honest relationships, to examine feelings and concerns, and to receive feedback on personal problems" (p. 225). Authors of recent articles on group work in the 1990's have observed that the current emphasis is on short-term interventions and managed care (Weiner, 1987; Rugel & Barry, 1990; Rugel, 1991; and Campbell & Brasher, 1994).

Other types of groups which have appeared throughout the years include art and dance therapy groups, groups targeting family members or significant others of persons who abuse substances, educational/awareness groups, and culturally specific groups. Virshup (1985) demonstrated the success of a walk-in art therapy group in the lobby of a methadone treatment clinic. Based on experience and a review of the literature regarding art therapy groups, Virshup (1985) compiled the following list of benefits:

1) the focus is on the artwork rather than verbal communication;
2) the public nature of the artwork generates effective group process;
3) the artwork may represent a graphic projection of inner conflicts;
4) clients have reported increased self-esteem;
5) the stereotypic picture of the person who abuses substances is challenged publicly; and
6) the counseling staff found value in the process both personally and professionally.

Milliken (1990) incorporated dance movement therapy into a substance abuse treatment model in an attempt to address the typical lack of body awareness seen in most persons who abuse substances. The author believed that dance movement therapy could be used to deal with resistance, denial, isolation, and low self-esteem. The therapy is seen as a non-verbal form of group therapy with the goals of exploring trust issues, developing tolerance for feelings, identifying loss, and learning new ways in which to cope. The group process aspects of this type of therapeutic intervention allow issues related to dependency and ambivalence to surface, in addition to trust.

Yalom (1995) described the use of structured exercises to facility or speed up group process. Group exercises can be verbal or nonverbal, involve the whole group or individual members, or any combination of participants from the membership. The goal of the activities is to promote appropriate interaction among members and support both group and individual self-awareness. Yalom noted that it is important that group leaders be trained in the effective use of structured exercises and that such exercises be used judiciously. Structured exercises may be used to promote emotional awareness, or to teach specific skills, such as relaxation techniques, cognitive restructuring, alternative coping strategies, or problem solving.

Group work has been used to assist families of persons who abuse substances. Various 12-step programs exist which target family members, such as Adult Children of Alcoholics and Alanon (Inaba et al., 1997). There also have been more structured and facilitated groups which target families and children of substance abusers. Le Pantois (1986) described a study of 25 children of parents with a dependency on alcohol or cocaine in a weekly outpatient therapeutic group. Key to this program was assisting the children in dealing with the feelings and emotions of growing up in a household with substance abuse present. Common issues which surfaced included feelings of abandonment, "...lower self-esteem, embarrassment, loneliness, disillusionment, or anxiety" (p. 50). Clerici, Garini, Capitanio, Zardi, and Gori (1988) showed how involvement of families in groups during treatment resulted in more successful outcomes. Clerici et al. analyzed a study of more than 2000 treatment programs and concluded that "93% involved somehow the family, while 75% considered the engagement of the family absolutely necessary for the successful results for the programme" (p. 213).

Awareness and education programs also have started to gain in popularity. Psychoeducational groups are commonly used in treating individuals with substance abuse problems. Such groups are used with individuals who have been identified as living under the influence of alcohol or other drugs or with individuals who have been diagnosed as having a substance abuse problem (Schilit and Gomberg, 1991). In these groups information is presented in a lecture/discussion format which is supportive and time-limited. In most cases, participation in these groups is court-ordered. For example, Rugel (1990) described different types of alcohol safety action programs that are being formed to work with people who are convicted of driving under the influence. With the rapid spread of Human Immunodeficiency Virus (HIV), commonly through the sharing of needles used in intravenous drug use, many prevention groups of an educational nature have formed. Pugh (1991) reported benefits from an HIV/Drug awareness and prevention group among substance abusing prisoners prior to parole. However, MacNeir, Elliot, and Yoder (1991) cautioned that "...whereas brief psychoeducational prevention groups

help members learn pertinent information about AIDS and HIV transmission, participant attitudes regarding risk-reducing behaviors and personal relevance of the information may not be altered" (p. 315).

Dufrene and Coleman (1992) examined the relationship between standard group treatment approaches and traditional Native American healing and spirituality practices. They noted that many Native American cultures have had a long history of conducting healing practices in groups through ceremony and the communal nature of many Native American societies. Specifically, Colmant and Merta (1999) described success in the use of the Sweat Lodge Ceremony for the treatment of Navajo youth. They emphasized that ethical codes mandate that counselors adapt their techniques for use within various cultures and that use of the Sweat Lodge Ceremony is one example of such an adaptation.

Finally, it is important to look at what are the factors that tend to lead to success in groups. Different characteristics of both members and facilitators, as well as the groups as a whole, have been shown to have positive relationship to outcomes with regard to treatment of persons who abuse substances. Some of these factors and characteristics include charisma (Woodward & McGrath, 1988), resiliency (Ingersoll, Lu & Haller, 1995), and involvement of families (Lepantois, 1986, Clerici et al., 1988). Groups that actively assist in helping individual members overcome denial also tend to be more successful (Rugel & Barry, 1990; Campbell & Brasher, 1994).

Campbell and Brasher (1994) listed six guidelines for facilitators of addiction recovery groups:

(1) cooperate with the group by paying attention to the variety of messages individuals give on how to best interact with them;
(2) focus on strengths and help find creative solutions;
(3) look for and analyze the exceptions to problem behaviors rather than focusing entirely on the problem;
(4) emphasize a future orientation rather than a here and now orientation;
(5) reframe relapses as learning experiences; and
(6) avoid having one-on-one interactions within the group, rather try to involve the whole group in the process.

A strong leader who "gently guides and focuses attention of group members on matters pertaining to group process, group dynamics, and the complicated interpersonal interactions among group members" is desired (Washton, 1995, p. 442).

Group therapy for individuals with substance abuse problems has historically been the most predominant therapeutic intervention strategy (Washton, 1995). However, research has provided inconsistent measures of outcome benefit of groups. Thus, the question of whether this predominant use rests with the efficacy of group therapy or with the fact that group treatment is less expensive has yet to be answered (Galanter, Casteneda, & Franco cited in Frances & Miller, 1991).

Research on the Efficacy of Groups

Alcoholism treatment and recovery are difficult subjects to research and measure with accuracy and reliability. Peele (1990) noted that the addiction treatment system is "founded on a hunch, not evidence, and not on science" (p. 179). Peele concluded that proponents of most standard treatment approaches used in the United States, including Alcoholics Anonymous, have not demonstrated their efficacy. Treatments which have been shown to be effective, but which are not used as frequently, include aversion therapy, social skills training, stress management training, family and marital therapy, community reinforcement, and behavioral self-control.

Breslin, Sobell, Sobell, and Sobell (1997) conducted a review of the methodology of 61 alcohol treatment outcome studies published from 1989-1993. The authors agreed that there is a lack of good studies about therapy and addiction and that the studies that do exist are poor. They pointed out that the most often reported pretreatment variables reported in outcome studies continue to be age and gender and that there is a tendency to overuse self-report data. The authors concluded that very few studies meet the minimum requirements of basic experimental design.

Ethical Considerations for Beginning Counselors

Given the wide variety of options for group counseling for individuals with addictions and the limited

scientific research on the efficacy of such groups, there are a number of ethical issues that arise and have been cited in the literature. With regard to psychotherapy groups in general, Gladding (1999) noted that the most important issues are those involving training of group leaders, screening of potential group members, the rights of group members, confidentiality, personal relationships between group members and leaders, dual relationships, personal relationships among group members, uses of group techniques, leader's values, referral, and termination and follow-up. (p. 217)

Moreno (1991) added that a major ethical issue is the difficulty therapists may have in finding a balance between meeting and protecting the needs of the individual and the needs of the group as a whole. The author concluded that group leaders must be highly skilled in making immediate and spontaneous decisions that weigh these two elements and produce a balanced response.

With regard to addiction specific group treatment activities, ethical issues can include the addiction history of the leader and the appropriateness of self-disclosing this history. Stoffelmayr, Mavis and Kasim (1998) studied the effects of professional and paraprofessional treatment staff background on the treatment and recovery of individuals with addictions. They concluded that there was no difference in performance between recovering and non-recovering staff, but that recovering staff had a more positive attitude toward their jobs. Other conclusions drawn from their study included

> Recovering staff members were older, had less education, and worked more often in long term residential programs, rather than in short term outpatient programs. Further, recovering staff had fewer years experience in substance abuse treatment and shorter tenure within the organization, but endorsed 12-step principles more vigorously than either of the two groups. Recovering staff also endorsed a wider range of treatment goals, and reported using more varied treatment practices (p. 143).

Dies (cited in Simcox & Mallinckrodt, 1990) indicated that self-disclosure by leaders of therapy groups may result in increased client perceptions of the therapist as friendly, trustworthy, and facilitating. However, the group leader may also be perceived as less relaxed, strong, and stable when compared to group therapists that use little self-disclosure.

Group therapists working with issues of addiction also will be faced with problems associated with active substance abuse. Many group leaders and addiction treatment facilities expect participants to remain abstinent during the course of therapy. Group norms generally begin to develop which reflect the importance of creating a safe and drug free therapeutic climate. Therapists may be called upon to either enforce the rule of abstinence or encourage the group to respond to the situation as part of the therapeutic process. Yalom (1995) concluded that a norm of direct and honest communication is an essential component of therapeutic group interactions.

Summary

Historically, group activities have been a part of mental health and addiction therapy for centuries. The isolation experienced by many addicts and the social nature of recovery lend themselves well to a variety of group interventions. The use of groups in counseling individuals with substance abuse problems is appropriate and helpful in that it offers, in a supportive environment of peers, opportunities to test perceptions, to receive feedback, and to reduce isolation. When groups are based on empowerment versus confrontation, they can be much more effective.

As with all research on mental health outcomes, results are mixed. There are many anecdotal stories of the value of all types of groups, but there is very little conclusive scientific evidence of actual success directly related to specific group intervention strategies, especially related to facilitating the goals of empowerment and assumption of personal responsibility. Although group interventions will and should continue to be an integral part of the addiction prevention and treatment process, it is important that interventions be more rigorously examined through appropriate research.

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http://www.colstate.edu/coe/asgw/
Association for Specialists in Group Work

http://www.health.org/mhaod/spending.htm
SAMHSA-National expenditures for mental health, alcohol, and drug abuse treatment.

http://www.health.org/txneeds/httoc.htm
DHS report on analysis of substance abuse trends and treament need issues.

Empowering Clients Through Groups

Les McAllan, Amy Friedman & Evans Spears

Rationale

Throughout the history of the treatment and prevention of addiction, groups have rapidly become the primary treatment of choice. Over time certain models and approaches have become very popular even though there may not be scientific documentation to support the efficacy of these activities. Many professionals and organizations seem willing to promote a variety of interventions based primarily on tradition or self-report. It is important that students, academicians, and treatment professionals look closely at the values inherent in much of the terminology and practice of addiction prevention and treatment. These values may be at a conscious or subconscious level and can have a powerful influence on public policy and direct treatment. The activities suggested in this section are designed to bring these values to the surface for discussion and understanding.

Overview

These lessons are designed to help students begin to explore the complexity of the language associated with addictive behavior and the concept of empowerment, to gain personal and professional experience with group membership and leadership, and to become familiar with the ethical and legal issues related to group treatment.

Activity 1

Empowerment and the Therapeutic Aspects of Groups:

Small Group Discussion

Goal: To better understand the concepts of "empowerment" and "personal responsibility for behavior," including the values inherent in both.

Objectives: Since these terms/concepts are used frequently in human service settings, but rarely precisely defined, it is helpful for students to explore their meanings and develop greater consciousness of the implied values underlying their use.

Activity: Break into small groups of five to seven students. Generate terms associated with the definitions of empowerment and assuming personal responsibility for one's behaviors. Some groups may be encouraged to explore the definitions; others the organizational, societal cultural and personal values related to these concepts; and others the mechanisms through which helping professionals may support empowerment and encourage responsibility. Small groups can use flip chart paper to summarize their discussions for presentation to the group as a whole.

Activity 2

Nature and History of Addiction Treatment Groups

Activity 2a

Goal: To gain experience with and empathy for the nature of group process from the perspective of the group member in self-help, facilitated, facilitated peer, targeted, and psychotherapeutic groups.

Objectives: Participate in several types of groups to gain self-awareness of the role of group member in short-term and long-term group activities. Students may be able to attend "open" 12-step meetings, sit in on therapy groups led by professional therapists, or become a member of a group which proposes to address an issue with which the student currently is struggling. Groups may also be established within the classroom setting. Yalom (1995) discusses in detail the pros and cons of group experiences related to academic settings.

Activity: Write about your experience in each group. Compare and contrast different formats. Describe

the nature of the group, the theoretical perspective if evident, and your personal experience as a member.

Activity 2b

Goal: To gain experience with leading groups.

Objectives: Co-lead a group with an experienced group counselor to gain direct experience with the role of group leader in short-term and long-term group activities.

Activity: Write about your experience in each group. Compare and contrast different formats. Describe the nature of the group, the theoretical perspective if evident, and your personal experience as a leader.

Activity 3

Ethical Considerations for Beginning Counselors

Goal: To encourage students to gain a practical understanding of the ethical codes and laws specific to group work.

Objectives: Allow students to choose an ethical issue specific to treatment of persons in addiction settings. Options could include rights of individuals vs. rights of the group as a whole, dual relationships and/or member relationships outside of the therapy setting, self-disclosure of the leader's addiction history, maintaining confidentiality in groups, or handling problem behaviors (including active addiction) in the group setting.

Activities: After choosing an issue, each student is expected to investigate the appropriate codes and local laws related to the issue and develop a role-play situation to be acted out in class. Class members are asked to participate in active discussions and critique the formal responses provided in the role-play situations.